



The Commonwealth of Massachusetts
DIVISION OF CAREER SERVICES (DCS)
PAYMENT VOUCHER FORM

COMMODITY-BASED PAYMENT REQUEST (PRC) DOCUMENT ID			
CODE	DEPT	UNIT	ID
PRC	EOL		
ACTION	(E) (M)	SCH PAY DATE	OFF LIAB ACCT
E			

DATE	ACCTG PRD	BUD FY
		2008

VENDOR'S CERTIFICATION:
I certify that the goods were shipped or the service rendered as set forth below.
(1)
(Please sign in ink)

VENDOR NAME AND ADDRESS

REFERENCED DOC ID:
CT EOL 3250 08WTFHITG

DOCUMENT TOTAL:	VENDOR INVOICE NUMBER	TAXPAYER ID NUMBER (FEIN)	VENDOR CODE	EMP
(2)	(3)			

REFERENCED ORDER #	PROGRAM	LINE	QUANTITY	DESCRIPTION			UNIT PRICE		AMOUNT	
	Workforce Training Fund Hiring Incentive Training Grant (HITG)			Participant(s)		Social Security #				
				(5)						
				a. _____						
				b. _____						
				c. _____						
				(6) VENDOR: I certify that the above listed individuals have been employed for at least 60 consecutive days and at least half of the approved training has been provided.						
				VENDOR'S SIGNATURE: _____						
				DATE: _____ TEL # _____						

FUND and DETAIL ACCOUNTING															
LN	CODE	DEPT	UNIT	ID	LINE	DEPT	APPROP	SUB	UNIT	S/UNIT	OBJ	PROGRAM	PHASE	EVENT TYPE	ACTIVITY
01						EOL	70030701	PP	4030		PP1	WTF2008	H264	PR05	8313
		RPTG	FUND	COMMODITY CODE	DEPT	VENDOR INVOICE NUMBER					DESCRIPTION:				
			0100	86101802 0000											
			MSA #	LINE #	DISC	DATES OF SERVICE					QUANTITY	AMOUNT:		I/D	P/F
						(7) To						(8)			

DCS: The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all specified laws and regulations. DCS DEPARTMENTAL APPROVAL SIGNATURE: _____ DATE: _____

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed.

FOR DCS ACCOUNTING SERVICES DEPARTMENT USE ONLY:

PREPARED BY: _____

TITLE: _____

DATE: _____

APPROVED BY: _____

TITLE: _____

DATE: _____

ENTERED BY: _____

TITLE: _____

DATE: _____